

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL044041</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/05/2016</b> |
|--|--|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPICEWOOD COTTAGES WILLOWS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>65 LOVING WAY<br/>CLYDE, NC 28721</b> |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| C 000              | Initial Comments<br><br>Report of Biennial Construction Survey by Dennis Harrell on 8-5-2016.<br><br>Records indicate that this facility was first licensed on 5-9-1988, for a capacity of 20 beds. Based on this information, we are requiring the facility to meet the 1978 Edition of the North Carolina State Building Code(s), the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.   | C 000         |   |                    |
| C 111              | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.<br><br>This Rule is not met as evidenced by:<br>Based on review of documents, required reports were not available in the home for review.<br>Findings include the following missing reports:<br>a. Fire and building safety inspection report,<br>b. Fire alarm inspection,<br>c. Current sanitation reports for the building and kitchen. | C 111         |   |                    |
| C 166              | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:   | C 166         |   |                    |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL044041</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/05/2016</b> |
|--|--|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPICEWOOD COTTAGES WILLOWS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>65 LOVING WAY<br/>CLYDE, NC 28721</b> |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| C 166              | <p>Continued From page 1</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br/>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p>   | C 166         |   |                    |
| C 185              | <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br/>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br/>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.</p> | C 185         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL044041</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/05/2016</b> |
|--|--|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPICEWOOD COTTAGES WILLOWS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>65 LOVING WAY<br/>CLYDE, NC 28721</b> |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| C 189              | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> <li>a. Hole in the wall of the janitor's closet,</li> <li>b. Unsealed penetration in the ceiling of the Nurse office,</li> <li>c. Hole in the ceiling of the mechanical room.</li> </ul> <p>2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> <li>a. The door Activity Co-ordinator's office was equipped with only a dead-bolt latch. Dead-bolts cannot automatically latch to contain a fire and smoke.</li> <li>b. The door to room 506 does not fit the opening</li> </ul> | C 189         |   |                    |

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL044041</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/05/2016</b> |
|--|--|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPICEWOOD COTTAGES WILLOWS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>65 LOVING WAY<br/>CLYDE, NC 28721</b> |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| C 189              | Continued From page 3<br><br>properly to be resistant to the passage of smoke.<br>c. The door to the storage room does not fit the opening properly to be resistant to the passage of smoke.<br><br>3. Based on observation, the battery powered emergency light in the living room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. | C 189         |   |                    |